



**Keck School of Medicine**  
University of Southern California

## MEMORANDUM

Department of  
Colorectal Surgery

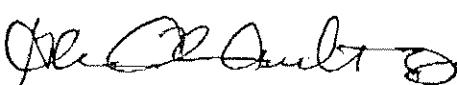
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**To:** Alexandra Rahn  
James Bustamante - Jackson Square Law Offices

**From:** Glenn T. Ault, MD, MSEd 

**Date:** 11/2/2006

**Re:** Rodney Asuega

Dear Ms. Rahn & Mr. Bustamante:

I thought it prudent at this point to update you on the current condition of your client and my patient, Rodney Asuega.

As you are aware, Mr. Asuega has suffered several setbacks in relation to the treatment of his cancer. He was diagnosed with a bowel obstruction in the spring essentially from enhanced tumor growth in his pelvis choking off a portion of his small bowel. I performed an intestinal bypass at that time and we were able to get his bowels re-opened.

After his recovery from that, he revisited the oncologists and further treatment plans were instituted. Since he suffers from recurrent and metastatic disease, and the fact that he had failed several regimens of chemotherapy, a different regimen was prescribed. That regimen included Avastin, a chemotherapeutic drug which unfortunately has a small risk of bowel perforation as a side effect. Unfortunately for Mr. Asuega, he suffered from a bowel perforation and was acutely hospitalized at California Hospital here in Los Angeles for that perforation. That perforation required emergency surgery and had him in the ICU suffering from multiple problems for some time. He was eventually transferred back to my care here at USC when he recovered. He did suffer from an intestinal fistula from that surgery. A fistula is an abnormal connection from the bowel to the skin. He also suffers from chronic wound problems from that surgery.

Those issues would all be treatable however it is the recurrent cancer in his pelvis that is his nemesis at this point. The tumor continues to grow and is

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Re: R. Asuega

now growing out onto his skin at the lower portions of his abdomen. His recent CT scans show that the tumor has grown and even become necrotic in areas - essentially it has gotten so large that it has outgrown its blood supply in certain areas and become necrotic. Due to this necrosis, parts of the tumor have become infected. There are also some indications that the tumor may be beginning to spread to his liver and lungs.

This prompted another hospitalization here at USC in October. We reevaluated his tumor with imaging and discussed his case at length at Tumor Board. The decisions made were that we needed to resolve the infectious issues with antibiotics and once the infections were under control, we would then consider further chemotherapy in an effort to save his life. The infections must be treated first. Surgery is not an option for us at this point as if we were to undertake an operation, he most likely would not survive it. This is for several reasons, most importantly the size and bulk of the tumor and its association with vital structures, but his nutrition status is extremely poor and he would not heal well.

He was discharged from the hospital on 10/31/06 on oral antibiotics. He will be re-evaluated in the outpatient clinics in the next two weeks to determine the next course of therapy. Again, the infections must be cleared before we would consider further chemotherapy. Chemotherapy is really his only hope at this point as surgery is not an option.

Certainly if we are able to gain some response from a chemotherapeutic regimen, and the tumor were to downsize, one might consider further surgery. Given his poor response thus far, I sincerely doubt that surgery will be in his future.

I think you understand that his situation carries an extremely poor prognosis. We have even discussed hospice placement for Mr. Asuega. It is difficult to put a time frame as to what his survival would be, but I can assure you that things do not look favorable for any kind of decent recovery at this point. I have discussed this with Mr. Asuega who I believe is beginning to come to terms with his prognosis, but as you can imagine, being a young individual holds onto any glimmer of hope that may exist.

One of the most important issues facing him in the near future is to maintain his nutrition and strength. It is important for him to maintain a high calorie, healthy diet and to exercise to maintain some muscle mass. I think you will agree that in the recent months he has become a shadow of his former self and unless we are able to turn this tide, this also will contribute to his demise.

I hope this clarifies some issues for you. If you need further information, please feel free to contact my office.